

Agent's/Intermediary's name 保險代理/中介人姓名 _____
 Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____
 Agent's/Intermediary's code 保險代理/中介人代號 _____
 Agency 組別 _____

Statement Of Insurability

投保資料申報書

To: NB POS New Request 新申請 Reply 回覆

Please tick appropriate box(es) for request 請於適當之空格內加上 號

Application for 申請 Add Other Proposed Insured 加其他準受保人 Addition of Riders/Increase of Benefits 增加附加保障/增加保障利益
 Reinstatement 保單復效 Revision of substandard condition 重新審視保單內的非標準條件
 Others 其他 _____

* Not applicable for Disability Income Plan (DI) 不適用於個人入息保障計劃

Policy Number: 保單編號	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名
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- 1) In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, the Company requires to collect your identity information. If the identity document(s) of policyowner has (have) not been provided before or has (have) been updated, please submit the copy(ies) of the latest and valid identity document(s) for our record.
 根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，本公司必須收集您的身份資料。如保單持有人的身份證明文件之前未曾提供或已更新，請向我們遞交最新及有效之身份證明文件副本以作紀錄。
- 2) In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.
 根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料，如您更改稅務居民身份，本公司會要求您填寫相關的更改保單事項通知書以提供相關資料 (包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等) 及其他適用的相關表格。

Personal Details 個人資料	A. Insured 受保人	B. Applicant/Policyowner 保單申請人/持有人 <small>(If other than the Insured 若非受保人)</small> <input type="checkbox"/> The Applicant/Policyowner is also the Other Proposed Insured 保單申請人/持有人 亦是其他準受保人	C. Other Proposed Insured 其他準受保人 <small>(If other than Applicant/Policyowner 若非保單申請人/持有人)</small>
1. Surname in English 姓氏 (英文)			
2. Other name in English 名字 (英文)			
3. Name in Chinese 姓名 (中文)			
4. Relationship to the Insured 與受保人之關係			
5. Date of birth 出生日期			
6. H.K. ID card/Business Registration/Passport No. 香港身份證/商業登記證/護照號碼			
7. Sex 性別	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
8. Residential Address (city/country) 住宅地址 (城市/國家)			
9. Mobile phone no. (Country) 手提電話號碼 (國家)	()	()	()
10. Employer's name 僱主名稱			
11. Industry/Nature of business 行業或公司業務性質			
12. Present occupation 現任職業 (including any part-time job) (包括任何兼職)			
13. Exact duties 職務			

14. What is your monthly earned remuneration in average for the past 12 months? (Gross earnings excluding investment income less business expenses but before tax)

您過去十二個月每月平均的勞動收入？（不計算投資收入並扣除營業支出的稅前總收入）

Insured's basic monthly salary (HK\$)

受保人的基本每月薪金(港元): _____

Commission/bonuses/tips (HK\$)

佣金/花紅/賞錢(港元): _____

15. Does applicant/owner/insured hold foreign citizenship or residency? 保單申請人/持有人/受保人是否擁有外國國籍或居留權？

Yes 是 No 否

If "Yes", please state the country(ies) of which the applicant/owner/insured holds citizenship or residency.

如「是」，請列明保單申請人/持有人/受保人擁有外國國籍或居留權之國家名稱 _____

Please complete the questions for "Other Proposed Insured" if Applicant/Owner or Other Proposed Insured applied **Child's Protection Benefit (CPB), Juvenile Accident Protector (JAP) and/or Lady's Partner Plan (LD)**.

如保單申請人/持有人或其他準受保人申請兒童保障利益，「兒安保」意外保障計劃及/或「全僱保」女性保障計劃，請回答「其他準受保人」之問題。

16. Do you have any in-force or pending insurance with the Company or other insurer(s) (new application or reinstatement)? If "Yes", please state amount/sum assured and currency.

您是否在本公司或其他保險公司持有任何現已生效或審核中之保險（新申請或續保）？如「是」，請詳述金額/保障額及幣值。

(a) Insured 受保人	<input type="checkbox"/> Yes 是	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
	<input type="checkbox"/> No 否								
(b) Other Proposed Insured 其他準 受保人	<input type="checkbox"/> Yes 是	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
	<input type="checkbox"/> No 否								
(c) Applicant/ Owner 保單申請人/ 持有人	<input type="checkbox"/> Yes 是	Insurer 承保公司	Life 人壽	Critical Illness 危疾保障	Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
	<input type="checkbox"/> No 否								

17. Have your policy(ies) ever been voided/non-renewed or you ever been refused for applying insurance or reinstatement of it, or been offered a policy different in plan, term, amount/sum assured or premium from that applied for with other insurer(s)? If "Yes", please give name of insurer, date of application, amount/sum assured and the reason. 您的保單有否曾被告無效或遭拒絕續保/您有否在投保或要求恢復保單效力時遭拒絕，或獲保險公司提供異於閣下申請之計劃、條件、金額/保障額或保費？如「是」，請詳述保險公司名稱、申請日期、金額/保障額及原因。

Details 詳情: _____

Insured 受保人		Other Proposed Insured 其他準受保人	
Yes 是	No 否	Yes 是	No 否
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Do you participate or intend to participate in any hazardous activities whether related to your work or recreation? If "Yes", please complete and submit the appropriate questionnaire(s). 您有否參加或打算參加與工作或嗜好有關的危險運動？如「是」，請填寫有關問卷。

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19. Do you intend to travel outside of your declared resident country/city (including business trips and study) except holidays? If "yes", what is the purpose of the trip, for how long will you be away, what is the destination and how often will you go per year? 除假期外，您有否打算到您所申報的居住國家/城市以外的其他地方（包括公幹或讀書）？如「是」，請填寫原因、每年平均公幹次數、逗留時間及地點。

Details 詳情: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20. Please provide the following information of the physician of the Insured last visited.
請提供受保人最後一次與醫生求診資料。
- a. Full name of the physician 醫生姓名: _____
- b. Address 地址: _____
- c. Phone no. 電話: _____
- d. Last consultation date (dd / mm / yy) 最後求診日期 (日/月/年): _____ / _____ / _____
- e. Consultation reason, diagnosis and recovery date 求診原因、診斷結果及康復日期: _____

Insured 受保人		Other Proposed Insured 其他準受保人		Insured 受保人		Other Proposed Insured 其他準受保人	
21. a. Height 高度:	____ m 米 ____ cm 厘米 / ____ ft 呎 ____ inch 吋	____ m 米 ____ cm 厘米 / ____ ft 呎 ____ inch 吋		Yes 是	No 否	Yes 是	No 否
b. Weight 體重:	____ kg 公斤 / ____ lbs 磅	____ kg 公斤 / ____ lbs 磅					
c. Have you experienced weight loss of more than 5kgs (11lbs.) during the past 12 months? 過去十二個月內，您的體重有否減少5公斤(11磅)以上? If "Yes", please state exact weight loss amount and the reason. 如「是」，請詳述減少的重量及原因。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. This question is applicable for female only . (Applicable to age 12 or above) 此問題只適用於女性受保人。(只適用於年齡為十二歲或以上之女性)							
a. In the past 10 years, have you ever had or been told to have or been treated for, or intending to be treated for disorder of pelvic organs, breast, menses or pregnancy? Are you now pregnant? If "Yes", please state the expected delivery date. 在過去十年內，妳曾否患有或獲告知患有或因此曾經接受或將會接受盆腔器官、乳房、經期或妊娠疾病的治療？妳現在是否懷孕？如「是」，請註明預產日期。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever had, or been told to have, or are you intending to have mammogram, ultrasound of breast or pelvis, pap smear, cone biopsy or colposcopy? 妳曾否接受或被建議接受或打算接受乳房X光像、乳房或盆腔超聲波檢查、子宮頸細胞塗片檢驗、錐形切片檢查或陰道鏡檢查？				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had complications of pregnancy during gestation in the past 10 years (e.g. ectopic pregnancy, miscarriage, disseminated intravascular coagulation, diabetes or hypertension, etc.)? 在過去十年內，妳曾否在妊娠期間患有併發病(例如：宮外孕、流產、瀰漫性血管內凝血、糖尿病或血壓高等)？				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. This question is applicable for juvenile only . (Applicable to age on or below 15) 此問題只適用於兒童受保人。(只適用於年齡為十五歲或以下之兒童)							
a. Was the child's birth premature or postmature? 受保人是否早產或過期出生？				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Any special care needed after birth? 出生後曾否接受特別護理？				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the child had any physical defects or shown any sign of slow physical or mental development? 受保人是否有身體缺陷或生理上或心智發育緩慢的跡象？				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have any of your parents or siblings died or suffered from blood disease, liver disease (including hepatitis B carrier), heart or polycystic kidney disease, stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease? If "Yes", please provide the relationship with insured/ other proposed insured, name of disease together with the onset age. 您的父母、兄弟姊妹是否患有血液疾病、肝病(例如：乙型肝炎帶菌者)、心臟病或多囊性腎病、中風、糖尿病、高血壓、癌症、後天免疫能力缺乏症或遺傳性疾病；或因上述疾病死亡？如「是」請提供與受保人/其他準受保人所屬關係、疾病名稱及發病年齡。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured 受保人		Other Proposed Insured 其他準受保人					
(i) Relationship 關係: _____		(i) Relationship 關係: _____					
(ii) Disease(s) 疾病: _____		(ii) Disease(s) 疾病: _____					
(iii) Onset age 病發年齡: _____		(iii) Onset age 病發年齡: _____					
25. a. Do you drink alcohol on regular basis? if "Yes", please provide the type and unit of alcohol consumed per week? 您是否有飲酒習慣？如「是」，請提供種類及每週飲用量。 Type 種類: _____ Unit of consumption per week 每週飲用量: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you take or have you ever taken any narcotics or habit forming drugs or been treated or consulted for alcohol? If "Yes", please provide details. 您有否或曾否服用任何麻醉劑或成癮性藥物；或接受戒酒治療或輔導？如「是」，請提供詳情。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you use or have you ever used any tobacco products in the past 12 months? If "Yes", please complete (1) average daily consumption; and (2) number of years. If ceased in consuming any tobacco products, please also provide the termination cause and date. 您是否有或曾否在過去十二個月內有吸食任何煙草產品？如「有」，請註明；(1)每日平均消耗量；及(2)吸煙年期。如已停止吸食任何煙草產品，請另行提供停止吸食之原因及日期。 Average daily consumption 每日平均消耗量: _____ Number of years 吸煙年期: _____ Termination cause and date 停止原因及日期: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Insured 受保人		Other Proposed Insured 其他準受保人	
	Yes 是	No 否	Yes 是	No 否
26. Have you ever had or been told to have or been treated for or intending to be treated for any of the following diseases or conditions: 您曾否患有或獲告知患有或因此曾經接受或將會接受以下疾病或機能失調的治療:				
a. Disease or disorder of circulatory system, including cardiovascular system and lymphatic system, e.g. chest discomfort, palpitation, raised blood pressure, rheumatic fever, heart attack, shortness of breath or dyslipidemia? 循環系統，包括心血管系統及淋巴系統之疾病或功能異常，例如：胸部不適、心悸、高血壓、風濕性熱、心臟病發作、呼吸困難或血脂問題？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Disease or disorder of respiratory or endocrine system, e.g. asthma, persistent hoarseness or cough, diabetes, thyroid disease or disorder? 呼吸系統或內分泌系統之疾病或功能異常，例如：哮喘、持久沙啞或咳嗽、糖尿病、甲狀腺疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Disease or disorder of digestive system such as jaundice, ulcer, colitis, disorder of stomach, liver disease or disorder (including hepatitis: please specify the exact type), bowels, gall bladder disease or disorder? 消化系統之疾病或功能異常，如黃膽病、潰瘍、結腸炎、胃功能異常、肝疾病或功能異常（包括肝炎：請註明為何種肝炎）、腸、膽之疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disease or disorder of genitourinary system or reproductive organs, e.g. abnormal urine or bladder, prostate, breasts, uterus, uterus cervix or kidney disease or disorder? 泌尿系統或生殖器官疾病或功能異常，例如：尿液異常或膀胱、前列腺、乳房、子宮、子宮頸或腎臟之疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Disease or disorder of eye or other sensory organs, dizziness, convulsions, epilepsy, neuritis, paralysis, stroke, mental or other nervous system disease or disorders? 眼或其他感官器官疾病或功能異常、暈眩、痙攣、癲癇、神經炎、癱瘓、中風、精神或其他神經系統疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Deformity, lameness or amputation, arthritis, gout or spinal cord, systemic lupus erythematosus, other musculoskeletal or autoimmune disease or disorders? 畸形、跛或斷肢、關節炎、痛風或脊髓、紅斑性狼瘡、其他肌肉骨骼或自體免疫性疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cancer, tumour, cyst, any disease or disorders of skin, lymph node or blood? 癌症、腫瘤、囊腫、皮膚、淋巴結或其他血液疾病或功能異常？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexually transmitted disease or HIV infection? 經性接觸傳染之疾病或愛滋病毒病感染？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. In the past 5 years, do you plan to attend, or are you currently attending or have been advised to, attended any hospital, clinic or doctor for any investigating (other than routine health check) or diagnostic test (e.g. cholesterol, AIDS, hepatitis including hepatitis B, anaemia etc)? 過去五年內，您是否打算或現正、或曾被建議、或曾於任何醫院、診所或醫務所接受任何檢查（例行體檢除外）或診斷檢驗（例如：膽固醇、後天免疫能力缺乏症、肝炎包括乙型肝炎或貧血等）？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Other than covered above, have you ever had, or are you currently awaiting, or have been advised to, or do you intend to be counselled, tested, medically advised or treated in connection with any other illness, disease, signs and symptoms or disorder for more than 7 days, or undertaking operation, medical advice or hospitalization for more than 3 days? 您曾否、或會否打算、或曾被建議就以上未提及的身體不適、疾病、病徵、機能失調、而接受輔導、檢驗、診斷、治療或藥物治療超過七天；或因此而接受外科手術、診症或住院留醫多於三天？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Supplement 補充

If the answer for Questions 21-28 is/are "Yes", please give details in Question 29.
如第二十一至二十八問題的答案為「是」，請在問題二十九填寫詳情。

Question no. 問題號碼	Surname & other name of person to whom "Yes" applies 答「是」人士之姓名	Reason - nature and severity of conditions (Include frequency, diagnosis, treatment, medication, surgery and results) 原因－性質及情況之嚴重性(包括發病次數、斷症、治療、食用藥物、手術及結果)	Onset (mm/yyyy) 發生時間 (月/年)	Recovery (mm/yyyy) 已康復 (月/年)	Names and addresses of physicians, hospitals or medical facilities 醫生、醫院或醫療機構之名稱及地址

Remarks & additional questions for “Happy Living Guaranteed Income Plan” and “Happy Living Guaranteed Saving Plan”:**「樂無憂」保證入息計劃及「樂無憂」保證儲備計劃備註及附加問題:**

- * Reinstatement **within the first 4 policy years** (for all GIP plan) and the insured’s attained age is before 60. Please complete Questions 30 & 31 only. 首四個保單週年內復保(包括所有樂無憂計劃)及受保人年齡60以下，只需完成問題30及31。
- * Reinstatement **after the 4th policy year (for GIP8A, GIP8B, GIP8C)** and the insured’s attained age is before 60. Please complete Questions 30 & 31. 於第四個保單週年後復保(只適用GIP8A, GIP8B, GIP8C)及受保人年齡60以下，只需完成問題30及31。
- * Reinstatement **after the 4th policy year (for GIP12, GIP18 & GIP22)** and the insured’s attained age is before 60. 於第四個保單週年後復保(只適用GIP12, GIP18 & GIP22)及受保人年齡60以下。
 - Lapsed over 65 days and within 1 year, please complete Questions 1-31. 失效超過65日及1年內復保，請回答問題1至31。
 - Lapsed over 1 year and within 3 years, please complete Questions 1-31 and medical requirement will be requested. 失效超過1年及3年內復保，請回答問題1至31及醫療資料將會要求。

	Insured 受保人		Other Proposed Insured 其他準受保人	
	Yes 是	No 否	Yes 是	No 否
30. Have you been advised by a doctor that you have a terminal illness with a life expectancy of less than 12 months? 您曾否被醫生診斷患有末期疾病而預期壽命少於十二個月?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are you currently under palliative or intensive care? 您是否正在接受姑息治療或深切治療?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary question for “Partner Income Protection (PIP)/Partner Income Protection Supreme (PIPS)”**「安逸保」入息保障/「安逸保」入息至尊保障附加問題**

Please submit supporting financial evidence if total monthly benefit amount insured is greater than HK\$25,000.

如受保人每月總補償金額大於港幣HK\$25,000，請提交「財務證明」。

32. Indicate the approximate percentage of time devoted to the following duties 負責職務的大約時間分配比例

_____ % Sale 推銷 _____ % Outdoor 戶外工作 _____ % Manual 體力勞動
 _____ % Managerial/Admin. 管理/行政 _____ % Others 其他，please specify 請註明 _____

33. How long have you been in this industry? 您從事現任行業多久?

34. How long have you been in your present occupation? 您從事現職多久?

35. Do you have any other occupation? If “Yes”, please specify: 您有否其他工作? 若「有」，請列明:

36. What is your monthly earned remuneration in average for the past 12 months? (Gross earnings excluding investment income less business expenses but before tax) 您過去十二個月每月平均的勞動收入(不計算投資收入並扣除營業支出的稅前總收入)

Basic monthly salary (HK\$)

基本每月薪金(港元) _____

Commission / bonuses / tips (HK\$)

佣金/花紅/賞錢(港元) _____

37. Will you receive any benefits, other than provided under the mandatory employees compensation ordinance, from your employer or other sources as a result of your disability? If “Yes”, please give details. 除法例規定之僱員補償條例下，您會否因傷殘而獲取僱主或其他來源之任何補償? 如答「是」，請填寫詳情。

38. What professional or trade qualifications do you have? 您持有甚麼專業或行內認可資格?

Section A: Declaration & Authorization 第一部份: 聲明及授權

I/WE HEREBY DECLARE AND AGREE THAT: (1) All statements and answers to all questions in this Statement of Insurability (“**Statement**”) and any questionnaire or declarations of insurability or health answered and made in this statement including but not limited to those made/completed in any related medical examinations, whether or not written by my/our own hands are to the best of my/our knowledge and belief full, complete and true; (2) All answers to such questions, together with this application shall form the basis and become part of the Policy issued by Chubb Life Insurance Hong Kong Limited (herein after known as “**the Company**”); (3) The Company is not bound by any statement which I/we may have made to any person, including but not limited to the Agent named herein if not written or printed here; (4) I/We shall disclose to the Company any change in the health or insurability of the Insured(s) subsequent to the signing of this Statement but prior to any endorsement/confirmation letter being issued AND the failure to disclose any material facts and/or circumstances relating to any change in the health or insurability of the Insured(s) shall render the contract voidable; (5) (Where applicable) Any payment made in connection with application of this Policy does not guarantee immediate approval of the coverage applied. The insurance coverage applied for shall only take effect when due premiums are paid during the lifetime and continuous good health of the Insured(s); (6) I/We have provided my/our original H.K.ID card/Passport/Business Registration to the Agent (where applicable) to verify that my/our identity details match with the information provided in this Statement and shown in the copy of H.K.ID card/Passport/Business Registration.

I/We hereby irrevocably authorize (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations of persons who have any records, knowledge or information of me/us (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application for insurance, reinstatement and any claim arising therefrom; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform necessary medical assessment and tests to evaluate the health status of me/us in relation to this application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人/吾等謹此聲明及同意 (1) 就此份投保資料申報書(「**申報書**」)及任何有關問卷上的一切陳述及所有資料及對可投保性作出的聲明,包括但不限於在驗身時作出的聲明或填報的資料,不論是否本人/吾等親手所寫,就本人/吾等所知所信,均為事實之全部並確實無訛;(2) 上述問題的所有資料及此申報書,將成為保單發出的根據,並在安達人壽保險香港有限公司(以下簡稱「**貴公司**」)核準發出保單後成為保單的一部份;(3) 本人/吾等對任何人,包括但不限於此保單的壽險顧問所作出的任何聲明,如沒有在此申報書上填寫或印出,貴公司不須受其約束;(4) 由簽署此申報書當日起至批註冊書/確認信發出期間,本人/吾等必須及有責任向貴公司申報有關受保人的健康狀況或可投保性的轉變。如本人/吾等隱瞞以上所提及者,貴公司有權取消與本人/吾等間的保單合約;(5) 與本申報書有關的任何付款(如適用),並不保證此申請可即時獲得接納。而所申請的保障將會在受保人在生時繳清保費後並在受保人身體健康的情況下,方為有效;(6) 本人/吾等已提供本人/吾等的香港身份證/護照/商業登記證的正本給與壽險顧問(如適用)以作為核實本人/吾等於此申報書上所提供的身份資料及香港身份證/護照/商業登記證副本相符。

本人/吾等並授權(i) 任何僱主、醫生、醫院、診所、保險公司、政府部門或其他機構及人士,如具有本人/吾等的任何紀錄、知識或資料,可將該等資料向貴公司或貴公司代表透露、發放或移交,用以作為該份投保書、保單復效或任何由此而提出索償申請的參考;(ii) 貴公司或貴公司委任的醫療/輔助醫療檢查員或檢驗所,就有關該份投保書、保單復效或由此而提出索償的申請,進行醫療評估或測驗,以檢定本人/吾等的健康狀況。該授權書對本人/吾等的繼承人及承讓人均有約束力,即使在本人/吾等死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。

Section B: Personal Information Collection Statement 第二部份: 個人資料收集聲明

Chubb Life Insurance Hong Kong Limited (“**Chubb Life HK**”, “**Company**”, “**we**”, “**us**”, “**our**”).

安達人壽保險香港有限公司(「**安達人壽香港**」、「**本公司**」、「**我們**」或「**我們的**」)。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance of Hong Kong.

安達人壽香港明白保護閣下的私隱的重要性,並致力實施和遵守香港的《保障資料原則》和《個人資料(私隱)條例》。

Personal Information we may collect

我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services (“**Services**”), we may from time to time collect your personal information for the purposes set out in this Personal Information Collection Statement (“**PICS**”). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner’s programs. The personal information we collect may include but is not limited to your personal identification information, contact information, financial information, policy information, claims history, medical and health records.

在我們為閣下提供保單和相關服務(「**服務**」)的過程中,我們可能會不時收集閣下的個人資料,用於本個人資料收集聲明(「**個人資料收集聲明**」)中規定的目的。我們可能會直接從閣下收集閣下的個人資料,或從與服務相關的其他第三方間接收集閣下的個人信息,包括但不限於閣下填寫或提交申請表、提交索償、登入我們的網站或參與我們的及/或我們合作夥伴的任何計劃。我們收集的個人資料可能包括但不限於閣下的個人身份資料、聯絡資料、財務資料、保單資料、索償歷史、醫療和健康紀錄。

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives (“**relevant persons**”), you confirm you have obtained that relevant person’s consent to provide such personal information to us for the purposes stated in this PICS.

當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時,這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表(「**有關人士**」),閣下確認已獲得該人的同意,為本個人資料收集聲明中所述的目的向我們提供該等個人資料。

As a condition precedent to your application for the policy, you are required to provide us with the information set out under [Parts I and II of the application]. If you do not provide us with the required information, this may result in the us not being able to process your application, process claims or provide you with the Services.

作為閣下申請保單的先決條件,閣下需要向我們提供[申請表的第一部分和第二部分]中列出的資料。如果閣下不向我們提供所需資料,可能會導致我們無法處理閣下的申請、處理索償或向閣下提供服務。

What we may use your Personal Information for

我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store your or the relevant persons, personal information for any purpose related to the Services, and to communicate with you and the relevant persons for such purposes, which may include without limit:

通過提出申請和接受服務,閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存閣下或有關人士的個人資料,並就該目的與閣下和有關人士溝通,可能包括但不限於:

- (i) to process and evaluate this and any future application for the insurance policy;
處理和評估此申請以及任何未來的保單申請;
- (ii) for policy administration, processing payments and premium collection;
用於保單管理、處理付款和保費收取;
- (iii) to conduct medical, security and underwriting checks;
進行任何醫療、保安及核保檢查;

- (iv) to assess insurance claims and to process payments;
評估保險索償及處理付款事宜;
- (v) to provide insurance products and related services;
提供保險產品及有關服務;
- (vi) with your consent, to promote and directly market to you and your related persons: (a) the insurance products and services of the Chubb Limited group of companies; (b) mandatory provident fund-related products/services sponsored by the third party scheme providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us;
在閣下的同意下，向閣下及閣下的有關人士推廣及直接促銷；(a) 安達集團公司的保險相關產品/服務；(b) 與我們有關聯之第三者計劃供應商所提供的強制性公積金相關產品/服務；(c) 保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃；
- (vii) to perform data matching and communicating with you and/or your relevant persons for such purposes;
進行資料核對，及因此用途與閣下及閣下的有關人士聯絡；
- (viii) to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with requirements imposed by or agreed with government or regulatory bodies or imposed by law or for litigation;
協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的規定；或訴訟；
- (ix) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry;
讓保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；
- (x) to conduct research, research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
進行與本公司作為人壽保險公司的日常運營有關的研究、調查、數據分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及
- (xi) for any other purpose directly relating to any of the above.
用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with

我們可能與誰共享閣下的個人資料

We may for the purposes stated in this PICS disclose or transfer your or the relevant persons, personal information, within or outside of Hong Kong, to:

我們可能會就本個人資料收集聲明中所述的目的，在香港境內或境外披露或轉移閣下或有關人士的個人資料至：

- (i) our authorized agents, insurance intermediaries, third party providers or administrators including healthcare providers, in connection with the placement or handling of your insurance policy and any related claims and/or services;
就閣下的保單及任何相關索償及/或服務的的安排或處理，獲我們授權的代理人、保險中介人、第三方供應商或管理人員，包括醫療保健供應商；
- (ii) reinsurers, claims investigators, loss adjudicators, fraud investigators, medical advisers, debt recovery agents, credit reference agencies, law enforcement bodies, fraud prevention agencies;
再保險公司；理賠調查公司；理賠調查員；欺詐調查員、醫療顧問、債務追收公司、信貸資料機構、執法機構、防止欺詐機構；
- (iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK (“Group Companies”);
安達人壽香港（「集團公司」）的任何分行、附屬公司、控股公司、聯營公司或聯繫公司；
- (iv) our appointed third-party vendors, agents, contractors, advisers;
我們指定的第三方供應商、代理人、承包商、顧問；及
- (v) insurance industry associations and federations, government or judicial or regulatory bodies, or any person to whom we have a legal or regulatory obligation to make disclosure.
我們有法律或監管義務向其作出披露的保險行業協會和聯會，政府或司法或監管機構，或任何人士。

Your data access rights

閣下查閱資料的權利

You have the right to obtain access to and to request correction of your personal information held by Chubb Life HK or be given reasons for any refusal of access or correction. We may charge you a reasonable fee to process your data access request.

閣下有權查閱和要求更正安達人壽香港持有閣下的任何個人資料，或獲得拒絕查閱或更正的理由。我們可能會向閣下收取合理的費用，以處理閣下的資料查閱要求。

For more details of the Company’s policies on personal data and privacy protection, please read the Chubb Life HK’s Privacy Policy available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal data, access to or correction of personal data should be made in writing and submitted to: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

有關本公司個人資料及私隱保障政策的詳情，請參閱安達人壽香港的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。有關個人資料、查閱或更正個人資料的任何問題，請以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

如中英文本有任何歧義之處，概以英文本為準。

Section C: Use of Personal Information for Direct Marketing Purposes Statement 第三部份: 使用個人資料於直接營銷用途之聲明

Chubb Life HK intends to use or transfer your and the relevant persons' name, contact information, and policy details ("Relevant Data") for direct marketing of insurance related product and services of our and our Group Companies, mandatory provident fund-related products/services sponsored by the third-party scheme providers connected with us, and/or insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us. In doing so, we may transfer your Relevant Data to our Group Companies and/or our appointed partners, for the purposes of them providing you with promotional communications and materials in relation to their products and/or services. However, we cannot use your Relevant Data without your consent. Please sign at the end of this statement to indicate your consent to such use. Should you find such use of your Relevant Data not acceptable, please indicate your objection by selecting the opt-out box below.

安達人壽香港擬使用或轉移閣下及有關人士的姓名、聯絡資料及保單詳情(「有關資料」),以直接促銷我們及我們集團公司的保險相關產品及服務、強制性公積金相關產品/由我們相關的第三方計劃提供者贊助的服務,及/或保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃。就此,我們可能會將閣下的有關資料轉移給我們的集團公司及/或我們指定的合作夥伴,以便他們向閣下提供與其產品及/或服務相關的推廣資料及刊物。但是,未經閣下的同意,我們不能使用閣下的有關資料。請在本聲明末尾簽名,表示閣下同意該使用。如果閣下不接受對閣下的有關資料的該使用,請剔選以下退出空格。

- I do not want Chubb Life HK or the Group Companies to use my Relevant Data for direct marketing purposes.
我不希望安達人壽香港或集團公司將我的有關資料用於直接營銷目的。
- I do not want Chubb Life HK to share my Relevant Data with third party scheme providers for their marketing purposes.
我不希望安達人壽香港與第三方計劃提供者分享我的有關資料以用於他們的營銷目的。
- I do not want Chubb Life HK to share my Relevant Data with third party product/service providers for direct marketing purposes.
我不希望安達人壽香港與第三方產品/服務提供者分享我的有關資料以用於直接營銷目的。

If you have consented to direct marketing but later decide that you no longer wish to receive direct marketing, you may exercise the right to opt-out at any time by writing to: The Data Protection Officer of Life Administration of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

如果閣下已同意直接營銷,但其後決定不再希望接受直接營銷,閣下可以隨時行使選擇退出的權利,並以書面形式向安達人壽保險香港有限公司壽險行政部的資料保護主任提出,並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

Section D: Collection of Levy by the Insurance Authority 第四部份: 保險業監管局收取的保費徵費

Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy.

按照《保險業(徵費)規例》,由2018年1月1日起,獲授權保險公司發出的保險合約下的保單持有人,須在每次繳付保費時,亦就該筆保費向該保險公司繳付訂明徵費。否則,保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。

Signed at Hong Kong On
簽署於香港

Signature of Witness (Name :
見證人簽署 (姓名 :

) * Signature of Insured
) * 受保人簽署

dd / mm / yyyy
日 月 年

Signature of Applicant/Policyowner
保單申請人/持有人簽署

* Signature of Other Proposed Insured
(if other than Applicant/Policyowner)
* 其他準受保人簽署 (若非保單申請人/持有人)

* Signature is required for the person whose age is 18 or above
滿18歲或以上之人士必須簽署

Chubb. Insured.SM